665 half for the men and one for the women, each with their entrance, kitchen,
342 store rooms and granary on the ground floor, reception rooms and wash-rooms on the first floor, and more private apartments with washrooms on the second floor. There may be a third floor with terrace rooms, but usually not more.

342 Although the span of the ceiling beams is quite small, as everywhere
353 else (about six feet, determined by the maximum size of timber available), many of the rooms in these houses are very large, being divided up by
565 two, four, six or nine pillars. They have rows of three or four windows, some even more, on two sides. The floors are covered with carpets, and cushions against the walls are the only form of furnishing. There will be niches with cups, silver samovars and brass trays; other niches with some books; and a few large flat basket-trays hung on the walls, from which one eats. But that is absolutely all that is needed. There are large wall closets for clothing and for bedding, the normal place to sleep being the floor. But there is no difference between a living-room and a sleeping apartment. Each room serves for either purpose in turn, the men and the women
[291 being separate. Nor are there clothes for the night and clothes for the
515] day, though the men wear beautifully laundered clothes, frequently changed.

342 Washrooms consist of a spacious compartment, with glazed plaster
515 walls with niches and pegs for clothing. Near the window stands a tall jar with water and a scoop for showering oneself. The water runs out under the window through a runnel and gutter. Some washrooms have a shower tank. The washroom may contain a lavatory of the south continental, foot-rest type, or this may be in an entirely separate spacious compartment. Each floor has at least two. Besides this the Saywun and Terim house has a little " roman " bath for complete ablution about 10 feet square, and which is usually near the private prayer-room.

342 Another pleasant characteristic of the Saywun house is that in the large
271 corridor that runs from one side of the house to the other; in front of the window at the coolest end there is usually a corner for drinking-water skins to hang up in a cooling draught. Niches for cups are at hand, and again there is a runnel for the water dripping from the skin to run outside. The same arrangement is found on most terraces. Upper rooms are used in summer, lower rooms in winter for warmth, for there is no glass in the windows and only ill-fitting wood shutters to keep out the night air.

342 All these amenities will be found on a small scale in the most modest houses. The house of the dhobbi had three floors. It contained about four living-rooms, two washrooms, a kitchen and a store. So that where space is concerned the Hadhrami house does not compare unfavourably with European standards.

000 A film showing Hadhramaut buildings was followed by a vote of thanks to the lecturer.

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

ing by having to toil along in the tormenting heat. There was no need for hard climbing and descending, the way lay smoothly over gently sloping plateaus, allowing a view on low, flat table-mountains and not very deep wādīs. In the surrounding mountains we saw many horizontal lines, ancient plateaus or geological strata. Vegetation became scantier and scantier as we went further. We only passed by two small villages with an insignificant bit of cultivated ground, entirely dependent upon rain-water. At the first village, Dahma, we rested for the afternoon in a *murabba'a*. Here a few people from the village came to ask us for medicines. Kneeling beside the medicine-chest in the burning sun, I tried to doctor the patients: eyes closed up tight by inflammation were cleansed with cotton-wool and boracic water, after which I used protargol, drop by drop; aspirin was given, in a cup of hot tea with lemon, for headaches and fever; festering wounds were cleaned and then bound up with Peruvian balsam; castor oil, worm-cakes and quinine were also dispensed more than once. The population as a whole gave an impression of health. Although they wash their bodies but seldom and smear them with *samn* and indigo, it is surprising how little one sees of itch and other skin troubles. The only malaria which occurs on the *djōl* is brought in from the lower-lying districts.

The Bedouins are mostly small and slightly built, but they have great powers of endurance and do not give the impression of being underfed. The boys who belonged to our caravan ran the whole day long, helped energetically morning and evening, and ate only two meals a day (some dates, rice and a piece of dried shark's meat, sometimes unleavened bread baked in hot ashes).

Dahma appears to consist of twenty or so small houses, the lower parts of which are built of rough stones, and the upper parts of dried mud. A large, square tower, entirely built of stone, serves as a defence for the village and as the residence of its mayor. On the border of the village is a mud-built, communal threshing-floor; there are also ovens for baking meat,

24:Meulen and Wissmann T-3 (1931)1932 MM2 Hadhramaut MM2

It is as dangerous to encounter one's own outposts at night as those of the enemy. To the great relief of all of us we hear at last cries of recognition coming from the Āl Buqrī soldiers; they had been anxious, having heard the sounds of shooting after receiving news of our approaching arrival, and had thought that we had come upon the enemy unawares, so had started out to meet us. We had now nothing to fear from the much dreaded dogs who are let loose to guard Diyār Āl Buqrī at night.

We were led as welcome guests into one of the three tall desert strongholds, and up to a roof-terrace prepared for our reception. One of the two brothers stayed in the kitchen to superintend the preparations for the banquet, while the other, with the soldiers, kept us company. The rifles and cartridge-belts were hung on to strong pegs in the wall. In a corner, on a few crossed sticks, hung a thick skin, bulging with drinking-water. It must have been just like this in the Middle Ages in the castles of Europe. Here were only lacking the châtelaine and her maidens, of whose existence the visitor sees nothing. Below in the inner courtyard there are bathrooms and a mosque. The bath water is poured into a little tank, generally an earthenware vessel, in a corner, about six feet above the ground. A thin stream of water is made to spout down upon the bather, by pulling a wooden peg out of the bottom of the tank. One can take a refreshing bath in this way with little water.

The meal was not served until late at night. Great pains were taken over it: the dishes were hotly spiced, after the Javanese manner, to such an extent that it was an effort for us to fulfil the duty of courtesy towards our host by eating enough of them. Animated discussions over the political situation in the country had been started before dinner and were continued after it. People in Diyār Āl Buqrī, in spite of their bellicose appearance, are weary of war; they, as was the case elsewhere, long for the intervention of a powerful outsider who could put an end to it and its miseries. The

30: Gt. Britain G-5 (ca. 1918) 1920 MJ1 Saudi Arabia
Hadhramaut MM2

rugs or mats, or on cushions placed around or under the windows. A very low table, or a special circular mat, is put in the middle of the room for meals. Rough but solidly made coffers and cupboards are much used for clothes, silver, books, or domestic utensils. Lighting is by lamps of a very primitive form, which burn petroleum or, more commonly, sesame oil. The walls carry little or nothing of ornament, though the tribesmen sometimes adorn them with their arms, banners, or hunting equipment. A bathroom is usually found on each floor of a house, all being situated one above the other, the waste water running off by pipes through the wall; the apparatus consisting merely of a vessel from which water is poured over the body.

Wheaten or maize bread, dried dates, eggs, and meat (of sheep or poultry), taken in meagre amounts and usually in some form of soup or stew, form the staple foods; rice is not largely eaten; the people on the coast consume much fish; but only the Bedouin ever eat game. Butter, oil, and honey are much used; also spices, onions, and garlic, and much salad and green vegetables. Fruits, with the exception of the date, are considered as delicacies. Coffee is much drunk in the houses between meals, but there are no public cafés. It is customary for all persons paying visits to bring along with them some coffee-beans wrapped in the turban or plaid (*rādi*); when the party is complete these are collected by the host, and the coffee is prepared in the manner common to all the East. Before drinking, the name of Sheikh 'Ali ibn 'Omar esh-Shadhli, whose tomb is at Mocha, is invoked, he being reputed to have been the first to discover the stimulating properties of the berry.

Very few servants are kept in most houses, even in those of the well-to-do; the housework and cooking are done by the housewife and the daughters, with the aid, in case of stress, of help called in from other branches of the family, friends, or neighbours. Only the very rich have slaves, and these are treated more as members of the household than as property; for this reason slaves rarely desire to be freed. All slaves in the Hadhramaut are Moslems; even if they come from a Christian or pagan country, they are forced to embrace Islam. But marriage between free persons and slaves is extremely rare.

Dancing is regarded in the Hadhramaut as permissible, but never among persons of two sexes, and the Seyyids and townsmen usually abstain from it. The music is made by a primitive form of guitar (*qanbus*), a large oblong drum, and three or four small drums, the players often accompanying their music with

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N 164 of which are almost invariably associated with widespread undernutrition.

Diseases Spread or Contracted Chiefly Through Intestinal or Urinary Tract

H A 164 **Typhoid and Paratyphoid Fevers.** Typhoid fever is sporadic, and 10 to 35 cases are reported from the Colony each year. Over one half of the known cases occur usually among nonresident laborers. Paratyphoid fevers are grouped with typhoid in the morbidity statistics. The rate of infection is not known, but both paratyphoid A and paratyphoid B fevers are undoubtedly present. Typhoid fever is apparently endemic in the Protectorate, although recognized cases are reputedly rare in the Hadhramaut.

H A 164 515 **Dysenteries.** Dystentery is prevalent throughout this region, where the unhygienic habits of the people and the abundance of flies promote the spread of intestinal infections. From 500 to 1,300 cases are treated annually in the civilian hospitals and dispensaries in the Colony. Amebic dysentery predominates among the few cases in which the differential diagnosis is established, but a large proportion of the remainder are probably bacillary infections. Of the 589 cases recorded in 1949, 1 was diagnosed as bacillary dysentery and 48 as amebic, while 540 were unclassified. The percentage of carriers of *Endamoeba histolytica* is believed to be high: it has been estimated at 40 to 50 per cent among immigrants from Yemen, many of whom are engaged in the handling of foodstuffs in the Colony.

H A 164 A 165 167 854 146 Amebic and bacillary dysentery, as well as diarrhea and enteritis, are grouped together as "dysentery" in the official statistics. In each of the 5 years 1946-50, the dysentery deaths numbered 334 to 406, or approximately 20 to 25 per cent of the recorded mortality in the Colony. Among the 393 deaths reported in 1950 as due to dysentery, 107 were among the immigrant population. The younger age groups are most seriously affected, and the local au-

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A 164 porting, 2,018 and 2,325 cases, respectively, were recorded. Of these, 59 to 63 per cent were diagnosed as syphilis and 31 to 34 per cent as gonorrhea, while chancroid predominated in the remainder. Some indication of the prevalence of syphilis is provided by the results of serologic examinations of blood specimens taken from individuals admitted to tubeculosis wards. In a series of Kahn tests performed on 243 cases in 1950,[7] positive reactions were obtained in 13 per cent. Centers for the treatment of venereal diseases have been established at the Civil Hospital, in Aden township, and at the Keith Falconer Mission Hospital, in Sheikh Othman.

A 164 758

H 164 Syphilis and gonorrhea are reputed to be common in the towns of the Protectorate, but no reliable information is available. A nonvenereal treponemal infection, believed to be bejel by most authorities, has been reported from various localities in southern Arabia. A focus probably exists around Beiham, in Western Aden Protectorate. Cases are observed from time to time in the Colony hospitals among persons from this area, as well as from Yemen.

H 164 515 **Diseases of the Eyes.** Trachoma and conjunctivitis are major problems, particularly in the Protectorate, where environmental conditions and the unhygienic customs of the people promote the spread of infectious eye diseases. Trachoma is frequent among the schoolchildren in the Colony. In a survey conducted in 1946,[8] the incidence of trachoma was found to be 18.9 per cent among 1,103 boys examined in the government schools. Measures for improved diagnosis and treatment were instituted, with an appreciable decrease in infection. In a similar group of 1,419 boys observed in 1948, evidence of trachoma was detected in 9.8 per cent.

H 164

H 164 659 Less is known of the extent of the disease in the interior. A medical survey in Western Aden Protectorate in 1939-40[39] revealed widespread trachoma infection, with rates varying from 14 per cent in Dhubiyat to

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75 per cent in Shuqra. In most localities, the infection rates ranged from 27 to 88 per cent among children under 15 years of age and from zero to 48 per cent in persons over 15 years of age. The Fadhli and the Abdali tribal districts were the most seriously affected regions visited. H 164 659

Diseases of the Skin. Favus, ringworm and other mycotic skin infections are widely distributed. Madura foot is common in the Protectorate, and cases are seen in the Colony hospitals each year among patients from the interior. Phagedenic ulcers are responsible for considerable disability among laborers in the Colony and in all parts of the Protectorate. Several thousand cases are treated each year in the hospitals and the dispensaries in Aden Colony, where they are usually designated as "Yemen ulcers." The ankle is the most frequent site of infection, and amputation is often necessary in neglected cases. A H 164 167 A 758

Scabies and impetigo are prevalent, especially among the children of inland towns and villages who live under congested, insanitary conditions. By contrast, surprisingly few cases of scabies are encountered among the children seen in the schools in Aden township. A H 164 511 515

Leprosy. Leprosy is endemic in the Protectorate, but no indigenous cases have been reported from the Colony within recent years. The infection is probably not extensive, although foci of the disease are known to exist in the Hadhramaut and in the Lahej, the Dhala' and the Abyen areas in the western protectorate. As lepers are not discriminated against socially, some difficulty is encountered in controlling the movement of infected individuals in the Colony. A small leper hospital is located at Sheikh Othman: it receives patients not only from Aden territory but also from Yemen. Eighteen of the 29 patients in residence in 1939[18] were open nodular or lepromatous cases. A H 164 A H 743 164 183

Other Infections. Tetanus is endemic, but reported cases are rare. A H 164

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